

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S90639

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|--------------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | 1 | | 1 | | | | | 51 | | | | | |
| 2 | | | | | | | | 52 | | | | | |
| 3 | | | | | | | | 53 | | | | | |
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| 36 | | | | | | | | 86 | | | | | |
| 37 | | | | | | | | 87 | | | | | |
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| 42 | | | | | | | | 92 | | | | | |
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| 48 | | | | | | | | 98 | | | | | |
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| 50 | | | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 1 | 8 | | | | | | TOTAL CLAIMS | | | | | |